

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1958

20543-57 47153
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ripley			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Poplar Bluff TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR Naylor TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Poplar Bluff Hosp INSTITUTION				Length of stay in lb		d. STREET ADDRESS Route 1	
3. NAME OF DECEASED (Type or print) Ralph First Leroy Murray Not named				4. DATE OF DEATH Month April Day 30 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 30, 1957	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 0	
11. BIRTHPLACE (City and state or country) Poplar Bluff				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Ralph Murray				14. MOTHER'S MAIDEN NAME Francis Grimes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT Ralph Murray Naylor, Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Consensual anoxia of the heart Impatient premer death Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Hour 9:30 Month Apr Day 30 Year 57 a. m. p. m. 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION Poplar Bluff Mo. COUNTY Ripley STATE Mo.							
21. I attended the deceased from Apr 30 '57 to April 30 '57 and last saw her alive on Apr 30 '57 Death occurred at 9:30 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Harold Oldenbucher MD (Degree or title) 22b. ADDRESS Poplar Bluff Mo. 22c. DATE SIGNED 12-20-57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 1, 1957		23c. NAME OF CEMETERY OR CREMATORY New Union		23d. LOCATION (City, town, or county) (State) Ripley Co. Mo.	
24. FUNERAL DIRECTOR McCord-Gish Naylor ADDRESS				25. DATE RECD. BY LOCAL REG. 1/10/58		26. REGISTRAR'S SIGNATURE Rebecca Tree	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 13 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Suzanne Mc Card*

Licensed Embalmer No. 407

P. O. Address May St., 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.